| 0795 | 7 | | CERTIF | ICATE | OF DEATH | | | 0 | 794 | 12 |
|---------------------------------------------------|--------------------------------------------------------------|---------------------------|----------------------|------------|-----------------------------------------------------------|------------------------|----------------------|---------------------|-------------|--------------|
| PLACE OF DEATH O. COUNTY | | 1.0000 | | | 2. USUAL RESIDENCE (W | | lived, if institutio | | before adi | mission) |
| Ca | lvert | | MARY | LAND | Mary | land | D. COONT | | vert | |
| b. CITY OR TOWN | (If outside corporate limit | 'S, | c. LENGTH OF STAY I | N 1b | c. CITY OR TOWN (If aut | side carporote | limits, write RURA | L ond give n | eorest tav | vn) |
| Rural-Pr | nd give nearest town) | erick | 7 hour | s | Rural-St | . Leo | nard | | 111. | 1 |
| | ITAL OR INSTITUTION (If n | | | | d. STREET ADDRESS | | | | e. IS | RESIDENCE |
| Calver | t County | Hospi | tal | | Long Bea | ch | | | YES | A FARM? |
| 3. NAME OF | | irst | Middle | | Last | 4. DATE | Manth | | Doy | Year |
| (Type or print) | An | n | Mari | e | Baker | OF DEATH | 6 | | 14 | 19 67 |
| S. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | | B. DATE OF BIRTH | 9. / | GE (In years | IF UNDER 1 YE | AR IF U | INDER 24 HRS |
| female | White | WIDOWED | DIVORCED | | 4-7-03 | | ast birthdoy) | Manths D | ays Ho | ours Min. |
| Og. USUAL OCCUPATION | N (Give kind of work done | 10b. K | IND OF BUSINESS OR | | 11. BIRTHPLACE (County 8 | | - | 12. CITIZE | N OF WH | AT |
| during most of working | g life, even if setired) | IN. | DUSTRY | | District | of Co | lumbia | COUN | U.S. | Α. |
| 13. FATHER'S NAME | 10 th d. | | MANNE | | 14. MOTHER'S MAIDEN N | | | | | |
| Henry F | Mever | | | | Rose Cr | OVO | | | | |
| | /ER IN U.S. ARMED FORCES? | 16. | SOCIAL SECURITY NO. | 17. 1 | NFORMANT | 010 | Addres | 5 | | |
| | (If yes give war or dates | | | | Louis S. B | aker | St. I | Leona | rd. | Md. |
| Canditians, if an rise to immedia stating the und | y, which gave attention to the cause (a), lerlying couse | TO (b) | money | 7 | Polis | su | | | 5 G | AND DEATH |
| PAKI II. OTHER S | SIGNIFICANT CONDITIONS (| ONTRIBUTING | TO DEATH BUT NOT REL | AIED IO I | HE TERMINAL DISEASE CON | DITION GIVEN I | N PART I(a) | | PERI YES | FORMED? |
| OR CONTRIBUTING | AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. Di | ESCRIBE HOW INJURY O | CCURRED. (| Enter nature af injury in F | Part I ar Part II | of item 18.) | | | |
| Haur'a | JURY Manth, Doy, Year i.m. i.m. | 20d. I While ot war | | | E OF INJURY (Hame, farm, ary, street, office bldg., etc.) | | Lity ar tawn) | (Caunt | γ) | (State) |
| | ify that (I) (this has deceased alive an J | | ded the deceased | from | June 14 , 19 deoth occurred at_ | 9_67, to_ 4:20pm, t | June rom causes o | 149 6' nd an the | 7 that (| (I) (we) lo |
| 22a. SIGNATURE | JAN 1 | Olor | uen | M.D | | MED. DIRECTOR | STAFF PHYS. | 22b. DATE | SIGNED | |
| 22c. PHYSICIAN NAME (Typ | 1)/ | de Vi | llarreal | M. | 22d. ADDRESS | eonar | d, Mar | yland | | |
| 23a. BURIAL, CREMAT REMOVAL (Specif | TON, 23b. DATE THE | | 23c. NAME OF CEME | TERY OR | REMATORY Consteries | 23d. LOCA | TION (City or Tow | n)/ (Co | ounty) | (State) |
| 000 | Ashar | 2.4.50 | 1210 | 2.11 | 1. MA DATUN | | | inale. | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove adulan papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any eyem, within 72 haurs after Seat Page 4 may be retoined by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

the relative language of the part south and the ort to met despited the second Call a land a state of the stat The second secon rectified to the second state of the second state of the second s Lotte Baken Pt. Conerd. 161. AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | 07958 | CERTIFICATE | OF DEATH | | 01340 |
|---------------|---------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|----------------------------------|---------------------------------------|
| | PLACE OF DEATH | | 2. USUAL RESIDENCE (Where dec | | nce befare admission) |
| | a. COUNTY Calvert | MARYLAND | d. STATE Marylar | b. COUNTY | Calvert |
| | CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside carp | orate limits, write RURAL and gi | ve neorest town) |
| P | rince Frederick | 22 days | Huntingtown | (busal) | 04.1 |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not | | d. STREET ADDRESS | , , , , , | e. IS RESIDENCE ON A FARM? |
| | Calvert County Ho | ospital | _ | | YES NO |
| | NAME OF Firs | t Middle | Last 4. DAT | E Manth | Day Year |
| | DECEASED (Type ar print) Ge(| orge Jacob D | ornbush DEA | TH June | 上 19 67 |
| S. | SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years IF UNDER | R 1 YEAR IF UNDER 24 HRS. |
| | Male White | WIDOWED DIVORCED 2 | 1-6-94 | 73 yrs. Manths | Days Haurs Min. |
| | . USUAL OCCUPATION (Give kind of work dane ing mast af working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY. | 11. BIRTHPLACE (County & State, as | fareign country) 12. (| CITIZEN OF WHAT |
| uoi | Retired | Salepman | Germany | Ŭ | OUNTRY? |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | |
| | Matthew Dornby | ush | Catherine | Kuhnle | |
| | WAS DECEASED EVER IN U.S. ARMED FORCES? | | NFORMANT | Address | |
| (16 | s, na, ar unknawn) (If yes give war ar dates af | 212-01-176 G | orge J. Dorni | nugh In (| Same |
| | 1B. CAUSE OF DEATH (Enter only one couse | e per line for (a), (b), and (c).) | Vego us burn | rusing or a | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C | (1) | uleen | ~ | ONSET AND DEATH |
| | 4201 DUE T | 1 | | | |
| | Conditions if any which agus 3 | (b) | | | |
| | rise ta immediate cause (a), Stating the underlying couse | | | | 122 |
| | | (c) | | | |
| | | ONTRIBUTING TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE CONDITION G | IVEN IN PART 1(a) | 19. WAS AUTOPSY |
| TION | | | | | PERFORMED? YES NO |
| IFICA | 20o. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURRED. | (Enter nature of injury in Part I or I | Part II of item 18.) | 75 |
| CERTIFICATION | OR CONTRIBUTING CAUSE OF DEATH | 200. DESCRIBE HOW MOOK! GEESKIES. | terror resisto at inforty in rest t of | an in ar nom ib., | |
| ₹ S | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year | 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, form, 20f | . (City or town) (Co | aunty) (State) |
| MEDICAL | Haur a.m. | While Nat While fact | ory, street, affice bldg., etc.) | (city di tatti) | (5,010) |
| | pan. | ital) atwark atwark | F-12-67 10 | ta 6-11 190 | 67, that (I) (we) last |
| | saw the deceased alive an | 19 2 and tha | | M, fram causes and an | |
| | 22g. SIGNATURE | | 1 | 22b. 1 | DATE SIGNED |
| | Harle | ecc M. | D. ATTENDING MED. DIRECTOR | STAFF PHYS. | |
| | 22c. PHYSICIAN'S | | 22d. ADDRESS | | |
| | NAME (Type) George J. | . Weems, M.D. | Huntingtow | m, Maryland | |
| 230 | . BURIAL, CREMATION, 23b. DATE THER | REOF 23c. NAME OF CEMETERY OR | CREMATORY 23d. | LOCATION (City or Town) | (County) (State) |
| | REMOVAL (Specify) June 6 | 1967 Cedar Hill | 10 - | Battimes o | md |
| 24 | FUNERAL DIRECTOR | ADDRESS | | 0.00 | SIGNATURE |
| 16 | 1.0 Narbuses & | x x da lost ton h | DAN DAN UN 6 | 1967 Schan | es Judge |
| | REMOVAL (Specify) June 6 | 967 Cedar Hill | Cemetery 1 | STRAR 2Sb. REGISTRAR'S | SIGNATURE Md. |
| 24 | Burnel VURC 6 | 967 Cedar Hill | Cemeter | 4 6 | REC'D BY REGISTRAR'S 25b. REGISTRAR'S |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye cachen papers. Pages 1 and 2 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

Shire loadering

Matthew Dornbush

Lenivenh

Latinost vomes teavies

George Jacob Bornbuse Juna

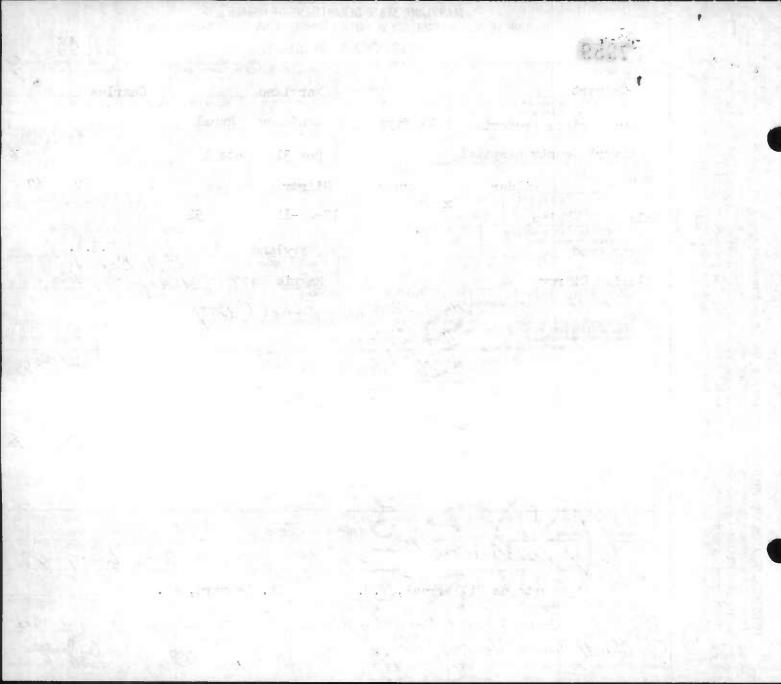
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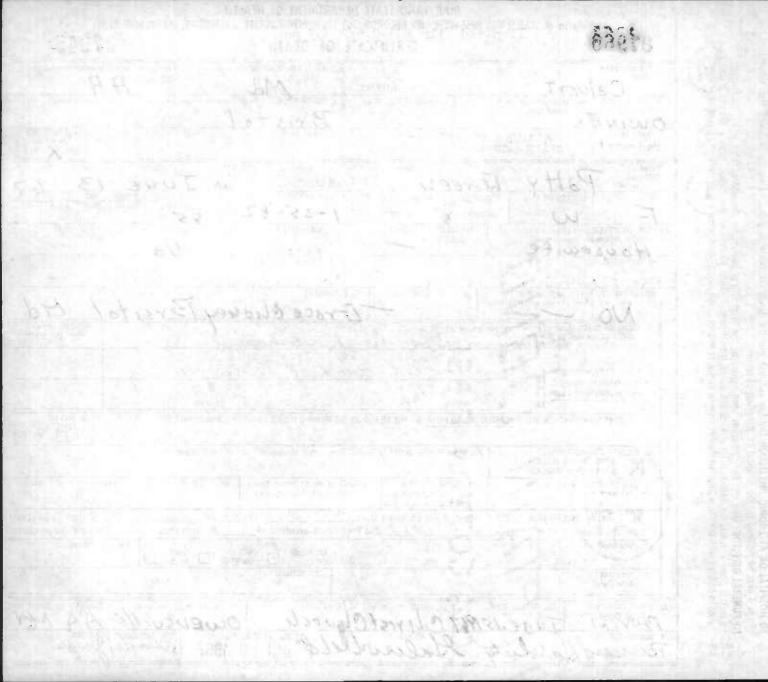
| (130 | 3 | | CERTIFICAL | IE OF DEATH | | | 0403 | 22 |
|----------------------------------------------------------|-----------------------------------------------------------------|----------------------------|-------------------------------|---------------------------------------------------------------|------------------------|---------------------|----------------------------------------|--------------------------------|
| PLACE OF DEATH o. COUNTY Calv | | | MARYLAND | 2. USUAL RESIDENCE a. STATE Maryland | | b. COUNTY | | e admission) |
| b. CITY OR TOWN | (If autside corporate limi | its, | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If | outside corporate | limits, write RURAL | and give nearest | t tawn) |
| | and give nearest town) Prince Fred | ani ok | 21 days | Nanjemoy | Rural | | 18. | 2 . |
| d. NAME OF HOSI | PITAL OR INSTITUTION (If n | not in haspital, i | | d. STREET ADDRESS | | | | e. IS RESIDENCE ON A FARM? |
| | t County Ho | | | | Route 1 | | | YES NO X |
| . NAME OF DECEASED (Type or print) | Wild | irst e r | Middle Avner | Gilroy | 4. DATE OF DEATH | Manth 6 | 19 | Year 19 67 |
| . SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | 9. A | GE (In years | Months Days | Hours Min. |
| Male | White | WIDOWED | DIVORCED | 12-24-14 | 5 | 2 birthday) A | מווווווווווווווווווווווווווווווווווווו | nous Mill. |
| oa. USUAL OCCUPATI Uring most of working Unemplo | ON (Give kind af wark dane ng life, even if retired) | e 10b. KI | IND OF BUSINESS OR IDUSTRY | 11. BIRTHPLACE (Coun | | n cauntry) | 12. CITIZEN OF COUNTRY? | |
| 3. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | | Rt.I. | BAN 31 | |
| William | Gilror | | | Maggie Mu | nyphy | Nanie | moy, 11 | nd. |
| S. WAS DECEASED E | VER IN U.S. ARMED FORCESS | 2 16. | SOCIAL SECURITY NO. 17 | . INFORMANT | 4./ | Address | 110 | 100 |
| Yes, na, or unknown | (If yes give wor or dates | af service) | 14-12-7034 M | E.F. Fth. | C'Dence | , | / | |
| No | | | 100 1111 | VS Pollet | 01000 | | T INT | EDUAL DEDAREN |
| | DEATH (Enter only one co EATH WAS CAUSED BY: | iuse per line far | (g), (b) and (a) | | / | | | ERVAL BETWEEN SET AND DEATH |
| 00 | IMMEDIATE CAUSE | E (a) | No court | | | | | 1 // |
| 200 | | E TO | Cut Slowe | a rephale | 1 L | | - | 2 day |
| | ny, which gave) iate cause (a), | (b) / | us join | | | | | 1 |
| stoting the un- | | E TO | 1) 15/10 | he stille | | | | |
| last. | | (c) | juuris | menu - | 9 | | | |
| PART II. OTHER | SIGNIFICANT CONDITIONS | CONTRIBUTING | TO DEATH BUT NOT RELATED TO | O THE TERMINAL DISEASE C | ONDITION GIVEN I | N PART 1(a) | | WAS AUTD PSY PERFORMED? NO NO |
| 20o. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTICE | VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER) | 20b. DE | SCRIBE HOW INJURY OCCURRE | D. (Enter nature af injury i | n Part I ar Port II | af item 1B.) | | |
| Haur. | NJURY Manth, Day, Yeor o.m. p.m | 20d. II White at wor | | PLACE DF INJURY (Home, fo actory, street, affice bldg., et | | City or tawn) | (Caunty) | (State) |
| 21. I cer | fify that (I) (this ha | spital) atten | ded the deceased from. | | 19, ta_ | | | at (I) (we) las |
| - 4 | deceased alive an | | 19and th | nat death accurred o | atM, 1 | rom causes an | d on the date | e stated abave |
| 220. SIGNATUR | E / Will | low | W/S | M.D. PHYS. | MED. DIRECTOR | STAFF PHYS. | 22b. DATE SIGNI | 7-67 |
| 22c. PHYSICIAL NAME (Ty | 1 | de Vill | arreal, M.D. | 22d. ADDRESS | Leonard | | | |
| 23a. BURIAL, CREMA | | | 23c. NAME OF CEMEJERY O | | | TION (City ar Tawn) |) (Caunty) |) (State) |
| BREMOVAL (Spec | ily) June | 23, 1967 | 1 /vinity. | Memorial G | andens, | Waldo | rfi, Cho | ZS, Md. |
| 24 PUNERAL DIREC | HA Frencial | Hanne | MADDRESS 7 | Med 250. RE | C'D BY REGISTRAR | | STRAR'S SIGNATUR | Judas. |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please standard corban papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 5 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event within 72 hours after death

07961

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

07946

| | | | 0.020 |
|---|---------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Ħ | 1. F | O COUNTY | o. STATE MARYLAND b. COUNTY Calvert |
| 3 | ŀ | b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | | write RURAL and give nearest town) 5 days | Owings |
| | 0 | | L STREET ADDRESS O |
| 9 | | Calreet Co. Hospital | ON A FARM? YES NO |
| | | NAME OF First Middle DECEASED | Last 4. DATE Month Doy Year |
| | (| (Type or print) JAMES MILITON F | 16Wes DEATH JUNE 28 1967 |
| | S. 5 | | DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | | 1111-1 2011-12 | 11-4-72 71 75 Yrs. |
| | | to. USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | | FARMER | Calvert Co. Maryland U.S.A. |
| | 13. | 3. FATHER'S NAME | 4. MOTHER'S MAIDEN NAME |
| | | ZacariAh Howes decd. | Ella Arminger |
| | | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or upknown) (If yes give wor or dotes of service) | 2 |
| | 110. | No 217-36-6097A GRI | ACE BOURNE Howes Owings, Md. |
| | | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | INTERVAL BETWEEN |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Correctly De | elisem a higocoling Conseyand DEATH |
| | | 4201 DUE TO (| 100- |
| | | Conditions, if ony, which gove rise to immediate couse (a), | Cherchodo exist 4 years |
| | | stoting the underlying couse DUE TO | |
| | | lost. (c) | |
| 2 | NO | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? |
| 0 | CATI | | YES NO |
| | CERTIFICATION | 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Ent. OR CONTRIBUTING CAUSE OF DEATH | er noture of injury in Port I or Port II of item 18.} |
| | | (IT CITTLE, NOTIFE MEDICAL EXAMINER) | |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE O While Not While foctory, | OF INJURY (Home, form, street, office bldg., etc.) (City or town) (County) (Stote) |
| | 2 | p.m. 17 of work 🗀 of work | |
| | | 21. I certify that (I) (this haspital) attended the deceased fram | |
| | | saw the deceased alive an first 28 19 7, and that de | eath accurred at 7/2), M, fram causes and an the date stated above |
| 1 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ATTENDING MED. STAFF 22b. DATE SIGNED |
| | | M.D. | PHYS. LA DIRECTOR LI PHYS. LI |
| 1 | | NAME (Type) PACE C. SET | france fedurely |
| | 230. | BO. BURIAL, CREMATION, 286, DATE THEREOF 23c. NAME OF CEMETERY OR CRE | MATORY 23d. LOCATION (City or Town) (County) (Stote) |
| | | Berial July 1, 1967 all Saints | Ch. Com Sunderland (abreit mil |
| | 24. | 24. FUNERAL DIRECTOR ADDRESS | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| 2 | 9 | telchins Tuneral Home Owngs, | med DATEJUL 3 1967 gelianles Judge |

The second of th the street and the way presidents

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

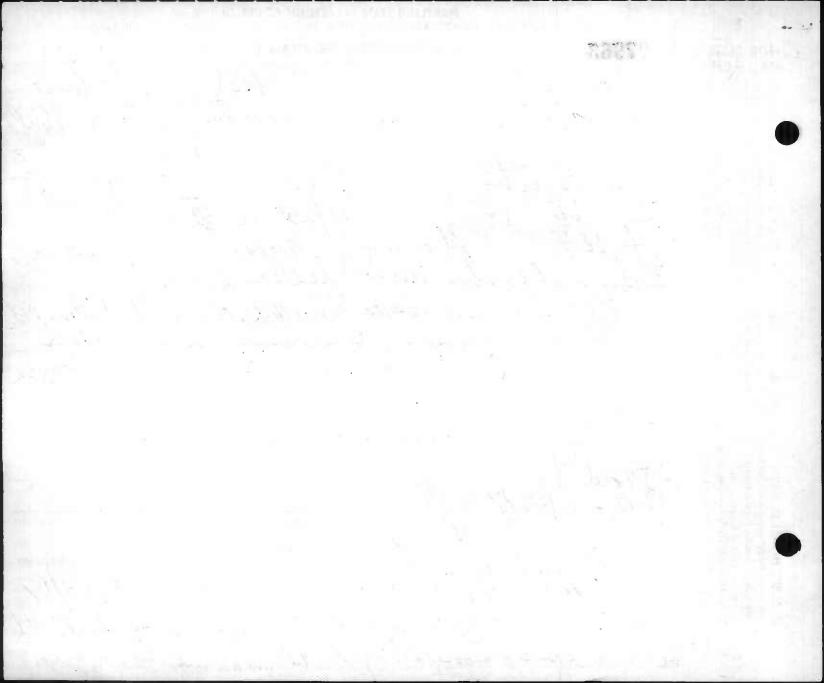
| - | 200 | | ates. | | |
|-----|-----|------|-------|---|--|
| 1 | 77 | (h | /1 | 7 | |
| 1 6 | 1 | 9.44 | Lil | 6 | |

| 01362 | CERTIFICATE | OF DEATH | | 07947 | | | |
|---------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|--|--|--|
| PLACE OF DEATH O. COUNTY | | 2. USUAL RESIDENCE (Where o. STATE | deceosed lived, if institution: R b. COUNTY | esidence before odmission) | | | |
| Calvert | MARYLAND | Maryland | Anne Aru | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside of | orporote limits, write RURAL or | nd give neorest town) | | | |
| Prince Frederick Rural | 3 days | | ndship | 12.2 | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi | tol, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | | |
| Calvert County Hospital | | | | YES NO | | | |
| 3. NAME OF First DECEASED | Albert | Lost 4. D |)F | Day Year | | | |
| (Type or print) Charles | Alvin | A Desirable A Desi | EATH 6 | 19 19 67 | | | |
| 5. SEX 6. COLOR OR RACE 7. MARR | | B. DATE OF BIRTH | lost birthday) Mor | | | | |
| Male White WIDOV | | 4-8-08 | 59 yrs. | 12. CITIZEN OF WHAT | | | |
| during most of working life, even if retired) | b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stote | o, or foreign country) | COUNTRY? | | | |
| None Farmer Farmer 13. FATHER'S NAME | arming | Maryland | | U.S. of A. | | | |
| | | 14. MOTHER'S MAIDEN NAME | | | | | |
| Richard King | | Fannie Dove | | | | | |
| 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) | 015 50 5101 | INFORMANT | Address | Box 261 | | | |
| Unknowno | 217-56-3404 Ed | dwin King, Pri | nce Frederic | k, Maryland | | | |
| 1B. CAUSE OF DEATH (Enter only one couse per line | e for (e), (b), ond (c).) | | | INTERVAL BETWEE | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Mences / | / | | ONSET AND DEATH | | | |
| 59 d X DUE TO | Co Oc | 2 7/ | | | | | |
| Conditions, if ony, which gove) (b) | les Romer | ulac My | surelis | | | | |
| rise to immediate couse (o), Stoting the underlying couse | | | | | | | |
| last. (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI | NG TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE CONDITION | GIVEN IN PART I(o) | 19. WAS AUTOPSY PERFORMED? | | | |
| ATIO | | | | YES NO | | | |
| | b. DESCRIBE HOW INJURY OCCURRED. | (Enter noture of injury in Port I | or Port II of item 1B.) | | | | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | |
| 20c. TIME OF INJURY Month, Doy, Yeor 20 | | ACE OF INJURY (Home, form, | 20f. (City or town) | (County) (Stote | | | |
| Hour o.m. 19 of | While Not While of work of work | ctory, street, office bldg., etc.) | | | | | |
| 21. I certify that (I) (this hospital) at | | Jun 7 196. | 2. 10 June 18 | 1962, that (I) (we) | | | |
| sow the deceased alive on | 19, ond the | of deoth accurred of | 5AM, from causes and | on the dote stated ab | | | |
| 226 SIGNATURE 226 DATE SIGNED | | | | | | | |
| 1201(V/E) | 6-19-67 | | | | | | |
| 22c. PHYSICIAN'S | | 22d. ADDRESS | | | | | |
| NAME (Type) Page C. Jett. | M.D. | Prince Fre | derick, Md. | | | | |
| 23o. BURJAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY OR | | 3d. LOCATION (City or Town) | (County) (Stote) | | | |
| presentat training | | | | (600111) (31016. | | | |
| 11/1/10 | in mit House | W/ P2 | Quaries | NO - 1 | | | |
| 24. FUNERAL DIRECTOR | 167 mt Harm | 250. REC'D BY R | Owigo EGISTRAR ZSb. REGISTR | Calvest ma AR'S SIGNATURE Carley Judge | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2 USUAL RESIDENTE Delhese declased lived, if institution: Regidence before o. COUNT o STATE PM3. Page 2 ≥. death. MARYLAND deloy ote Deportment c. LENGTH OF STAY IN 1b c. CITY Of tawn) OR INSTITUTION f not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours Office along with form in pencil in Item 18. Give Pages YES NO X be executed within 24 hours after deoth. Pelogr 4. DATE OF DEATH NAME OF Middle Doy DECEASED within / (Type or SEX DATE YEAR 6. OLOR 7. MARRIED VEVER MARRIED IF UNDER IF UNDER 24 HRS Months Doys Hours WIDOWED DIVORCED lond 2 event CUPATION (Give kind of work done 10b. BUSINESS OR 12. CITIZEN OF WHAT of working e, eyen if retired) COUNTRY? pages I in any d 'pending' in pencil in Chief Medical Examiner's 13 EATHER'S Ei Ei ond WAS DECLASED EVER IN U.S. ARMED FORCES? UNFORMANT permit. (Yes. no. or (If yes give wor or dotes of service) removol. 2/0002 18. CAUSE OF DEATH (Enter only one couse per lingfor (o), (b), ond (c). buriol-tronsit PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, the Conditions, if ony, which gove rise to immediate couse (o), forwarded to DUE TO stoting the underlying couse 0 05 lost. burial, ACT RELATED TO THE TERMINAL DISCASE CONDITION GIVEN IN PART THER SIGNEICANT CONDITIONS CONTRIBUTING TO DEATH BUT. WAS AUTOPS' PERFORMED? certificate, NO ogent, prior, to YES pe pe EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING should EXAMINER: OF DEATH. INJUNY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page Not While Poge at work pleose execute ot work its designated 21. I certify that I faak charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinian the funeral directar. Natural causes deoth resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATH SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION 23d. LOCATION (City or Jown) 50 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. VR A15ME 6M 1/66



| FOR S' | |
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| | 1 |
| to 24 haurs after death. If any delay is in them 18. Give Pages 1, 2, and 3 to ther's Office along with form PM3. Page | ages 1 and 2 with the State Department of is after death. |
| Pages vith forr | e State [|
| after of 8. Give alang | with th |
| t haurs Item 1 Office | ages land 2 s after deat |
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with the State Departme h.

necessary, please execute the certificate, writing the ward "pending" in the funeral director. Page 4 shauld be farwarded to the Chief Medical is may be retained for your files.

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

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| | File | 72 ha |
| | TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 | Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after deal |
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| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
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| 1 | | PLACE OF DEATH | | | | | | 2. USUAL RESIDENCE (| Where dece | | | ce befare | admission) |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|---------|-----------|----------------------|----------|-------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------|----------------|------------------------------|
| y | C | o. COUNTY | CALVERT | | | MARYLA | AND | o. STATE Mar | yland | b. ((| CA | LVEF | T |
| | b | CITY OR TOWN (| If outside corporate limit d give nearest tawn) | S, | | c. LENGTH OF STAY IN | 1b | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Port Republic | | | | | |
| | | Princ | e Frederick | | | | | | | | | | |
| | d | | OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) | | | | | d. STREET ADDRESS | | | | 6 | ON A FARM? |
| 9 | | | Calvert County Hospital | | | | | | 1 | YES NO | | | |
| | 3. NAME OF First Middle DECEASED | | | | | Lost | 4. DATE | M | onth | Doy | Year | | |
| | (| Type ar print) | ED] | | | MAY | | STEWERT | DEAT | | ine | 11, | 1967 |
| | S. S | | 6. COLOR OR RACE | | RRIED | NEVER MARRIED | | DATE OF BIRTH | | 9. AGE (In years last birthday) | IF UNDER Months | Days | Hours Min. |
| | | Female | Negro | | OWED | DIVORCED | | March 13- | | | | | |
| | 1Da. | . USUAL OCCUPATION | (Give kind af wark dane life even if retired) | | | OF BUSINESS OR | | 11. BIRTHPLACE (State | | cauntry) | | IZEN OF UNTRY? | WHAT |
| | _ | ng mast af working | omestic | | | | | Maryla | | | | | |
| | 13. | FATHER'S NAME | | | | | = / | 14. MOTHER'S MAIDEN | | + | | | |
| i) | Leroy Butler | | | | | | Dorothy | Stel | | | | | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 217-466915 Dorotyy Stewert St. Leon | | | | | | | hre | ма | | | | |
| × | ` | | | | 1 2 | 17-46691 | ? | Jorotyy 5 | re we | | .neom | alu | , 174. |
| | | | EATH (Enter anly one cau IH WAS CAUSED BY: | se per | , | | Wat ! | MESSIE JO | | | | | RVAL BETWEEN ET AND DEATH |
| | | IMMEDIATE CAUSE (a) GUNSHOT WOUND OF CHEST | | | | | | | | | | | |
| | | Conditions if you which page 2 | | | | | | | | | | | |
| | Conditions, if ony, which gove (b) | | | | | | | | | | | | |
| 9 | | stoting the underlying couse DUE 10 | | | | | | | | 100 | | | |
| | | last. | , , | (c) | | | | | | | | | |
| 1 | NO | PART II. OTHER SI | GNIFICANT CONDITIONS O | ONTRIB | UTING TO | DEATH BUT NOT RELAT | ED TO T | HE TERMINAL DISEASE CO | NDITION GI | VEN IN PART 1(a) | | | WAS AUTOPSY PERFORMED? |
| 1 | R | | | | | | | | | | | YE | S X NO |
| | CERTIFICATION | 2Do. EXTERNAL CA PRIMARY Or CO | | | | | | Enter nature of injury in | | | | | |
| | | CAUSE OF DEATH. | | | | | | companion | | | | gun | |
| | MEDICAL | 2Dc. TIME OF INJU | JRY Month, Day, Year | | 2Dd. INJU | JRY OCCURRED 2 | De. PLAC | E OF INJURY (Hame, farm | 1 | , , | | unty) | (State) |
| 4 | W | 10:45 x | K 6-11 19 | 67 | at wark | | h | ry, street, affice bldg., etc. ome | Poi | rt Repul | olic (| Calv | ert Md. |
| 1 | | 21. I certif | y that I toak charg | e of t | he rema | ins described aba | ve, hel | d an Autapsy 🗶, | Inspec | tian, In | quiry | and | in my opinion |
| | | death result | ted fram Natura | of came | ses 🔲 | Accident [], | Suici | de 🔲 , Hamicide | | Undetermined | manner 2 | 3 | |
| | | ACTUAL | 1.1.0 | | | 1) 4 | 2 | CHIEF MEDICAL | EXAMINER | | | | |
| | | SIGNATURE | Mails | J | 0 | 2 gal | | M.D. ASSISTANT MED | DICAL EXAM | INER X | | 2 | 2. DATE SIGNED |
| 2 | | EXAMINER'S NAME (Type) | Charles S | . S | prin | gate, M.D. | | DEPUTY MFDICA Address (Stree | | | Jun | e 12 | 2, 1967 |
| | 230. | . BNRIAL, CREMATIC REMOVAL (Specify | ON, 23b. DATE TH | EREOF | | 23c. NAME OF CEMETE | 6 | | 23d. | LOCATION (City ar | Town) | (County) | (State) |
| 1 | | KEMOVAL (Specify | 6-16-4 | 67 | 7 | Brooks (| 1. (| e-m. | Are | itual | C | el. | mid |
|) | 24. | . FUNERAL DIRECTO | R | | _ | ADDRESS | | | D BY REGIS | TRAR 2Sb. | REGISTRAR'S S | GNATHR | E |
| | | P. Lu. | E Spa | .oa | f | in Fred | 741 | DAREUI | NTP | 1967 | Mark | A De | To the same |

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| I) | 07965 | | | CERTIFICA | TE OF DEATH | 24 | | 0.1 | 70-0 |
|-----------------------|-----------------------------|--------------------------------------------------------|------------------|--------------------------|-------------------------------------|---------------------------|--------------|--------------|--------------------------------|
| | PLACE OF DEATH | | | 7 % | 2. USUAL RESIDENCE (| Where deceosed lived, i | | dence before | odmission |
| | a. COUNTY | lvert | | MARYLAND | o. STATE Mary | land | b. COUNTY Cs | alver | t |
| | b. CITY OR TOWN | If outside corporate limit | ts, | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If au | | | | - |
| P | write RURAL an | d give nearest town) | lant old | 10 houng | | h Beach | | 04.1 | |
| | | TAL OR INSTITUTION (If n | | | d. STREET ADDRESS | II Deach | | 47 . 1 | e IS RESIDENCE |
| | | County Ho | | | d. SIREET ADDRESS | | | | ON A FARM? YES NO 🔀 |
| | NAME OF | F | irst | Middle | Last | 4. DATE | Month | Doy | Year |
| | DECEASED (Type or print) | Geo | orge | 4, | Young | OF DEATH | 6 | 27 | 1967 |
| S. | SEX | 6. COLOR OR RACE | | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In | | ER I YEAR | IF UNDER 24 HRS. |
| m | ale | white | WIDOWED | DIVORCED | 8-19-86 | ast birt | hdgy) Month | s Doys | Hours Min. |
| | | N (Give kind of work done | 10b. KII | ND OF BUSINESS OR | | & Stote, or foreign count | | CITIZEN OF | WHAT |
| dur | ing most of porking | lite, even if retired) | INI | DUSTRY | Marylan | | | COUNTRY? | |
| 13 | FATHER'S NAME | lucian | | | 14. MOTHER'S MAIDEN | | | J. D. A | |
| | TATTICK S NAME | | | | - A | | | | |
| 10 | WAS DESTACED BY | unkni | | OCIAL SECURITY NO. 1 | 7. INFORMANT | now. | Address | | |
| (Ye | es, no, ar unknawn) | ER IN U.S. ARMED FORCES? ((If yes give war ar dotes | of service) | SOCIAL SECURITY NO. | | | | | |
| | no | | 0/ | 18-07-1381 | Gertrude | Young | North I | | |
| | 18. CAUSE OF D | EATH (Enter only one co | use per line for | (o), (b), ond (c).) | | (3) | | | ERVAL BETWEEN SET AND DEATH |
| | | TH WAS CAUSED BY: IMMEDIATE CAUSE | (o) | Colonord | indulation | 137 | | ON | TET AND DEATH |
| | 4201 | DUE | E TO | | 0 0 | | | | |
| | Canditians, if any | | (b) | due | Lucio Oco d | melle | Q. | | |
| | nse to immedio | | E TO | | | | | | |
| | lost. | errying coose | (c) | | | | | | |
| | PART II OTHER S | IGNIFICANT CONDITIONS | ` ' | O DEATH BUT NOT RELATED | O THE TERMINAL DISEASE CO | NDITION GIVEN IN PART | 1(a) | 119. | WAS AUTOPSY |
| NOL | THE IS OTHER S | TORRITORIAL CONDITIONS | CONTRIDOTINO 1 | O DEATH DOT NOT REGISTED | o the remaining placese co | Monitor Office in Take | .(0) | | PERFORMED? |
| 1CA1 | 20- ACCIDENT MA | C UNDEDIVING 🗆 | Lank Dru | COURT HOW MILEDY OCCUPA | TD / [nhan mah mah shi shi shi shi | D-+ 1 D-+ II -£ ia | . ID \ | YE | S NO |
| MEDICAL CERTIFICATION | | G CAUSE OF DEATH MEDICAL EXAMINER) | 200. DES | SCRIBE HOW INJURY OCCURR | ED. (Enter noture of injury in | POR I OF PORT II OT HER | 1 18.) | | |
| OICAI | 20c. TIME OF INJ | URY Manth, Doy, Year | | | PLACE OF INJURY (Home, form | | town) | (County) | (Stote) |
| ME | Hour 'o. | m. m. 19 | While of work | | foctory, street, affice bldg., etc. |) | | | |
| | | | W | | June 27 | 1967 to Jun | ne 27 1 | 967 th | at (I) (we) las |
| | | | | | hat death accurred at | | | | |
| | 220. SIGNATURE | | 0 | | ital adam attoriou at | The Carry France | | DATE SIGNE | |
| | | 1/0 | n Lan | 4 | M.D. PHYS. | MED. DIRECTOR PHY | FF _ | | |
| . 1 | 22c. PHYSICIAN'S | | | 1 | 22d. ADDRESS | | | | |
| | NAME (17pe | Issam F. | el Dar | malouji, M | D. Princ | e Freder | ick, M | aryle | ind |
| 230 | . BURIAL, CREMATI | ON, 23b, DAJE TH | | 234 NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (C | | (County) | (State) |
| / | REMOVAL (Spotis | | 0/67 | Visking Hi | Of tet lan | | r Spri | ng o. | Mo e |
| 2/ | CHAICRAL DIDECT | 00/ | 1 1 | HADDORGE | Lacilladi | o St. Mourtial 7 | OF DECKTOOD | CVINTUD | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye cardon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any exact, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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